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Pulse

UNIVERSITY OF TORONTO

SPRING/SUMMER 2014

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MEN
in Nursing?



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COVER: NURSING UNDERGRADUATE STUDENTS DEXTER ENDOZO AND CHRIS YU. PHOTO BY CHRISTIAN PETERSON

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WE WELCOMED THE WORLD

Our inaugural Emerging Nurse Scholars Forum brought together 14 scientists from 18 universities and 12 countries.

AT THE TWO-DAY FORUM IN NOVEMBER, AN ELITE GROUP OF doctoral candidates and recent PhD graduates presented their research findings – on everything from how nurses judge the cognitive function of the elderly in hospitals, to how temporarily migrating to another province for work affects the family members left behind. After the forum, letters of thanks began to arrive.

It Was Inspiring

I WISH TO THANK YOU FOR AN INNOVATIVE, INSPIRING AND RIGOROUS two-day forum. I was so honoured to be invited, and the forum has had an impact on my post-doctoral research. The depth of research showcased by the academics was wonderful. I will always look back with fond memories at the time spent at the Bloomberg School of Nursing.

Kind regards,

Dr. Rachel Kornahber
University of Adelaide, Australia

Gained Valuable Insight

THANK YOU FOR THE WONDERFUL OPPORTUNITY TO ATTEND THE Emerging Scholars Forum. I very much enjoyed the presentations from all of your distinguished nursing scientists as well as interacting with junior nurse faculty attendees and nurse executives from local hospitals. In particular, I gained valuable insight into nursing research and building a program of research.

As a graduate of U of T's Faculty of Nursing, it was exciting to see the depth of nursing research and how dedicated the school is to cutting-edge research.

Sincerely,

Dr. Moira Visovatti, BScN 9T2
Research Fellow,
University of Michigan School of Nursing

Share Your Thoughts

Do you have an opinion about a U of T Nursing event? Or maybe you have a question about an article in this issue of *Pulse*. Drop us a line at pulse.magazine@utoronto.ca or the Bloomberg Faculty of Nursing at:

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Toronto, ON M5T 1P8

Published letters may be edited for length and clarity.

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Dean's Message

NURSING AS A PROFESSION

WHEN YOU ENROLLED AT U OF T NURSING, YOU received a lifelong membership to a world-renowned Faculty of nursing. As an alumnus, your insights are not only valued, they're essential to fulfilling the Faculty's vision of forging the future of health care in Canada and around the world.

Pulse is one way we stay in touch with you. The magazine is delivered through thousands of mail slots, is wedged into hundreds of mailboxes and then lands on a multitude of coffee tables. On these pages we hope you run into a former classmate or professor, and gain a deeper understanding of a pressing nursing concern.

This issue of *Pulse* examines nursing as a profession. As nurses, we need to be able to articulate our impact, whether it's clinical or administrative. We need to know why nurses conduct research and be able to integrate nursing evidence into care. We need to know how to answer: How are nurses being perceived? And why is it important to articulate the unique contributions that the profession of nursing brings to the patient care experience?

In our Q&A, Judith Shamian, the president of the International Council of Nurses, opens our eyes to our collective identity crisis. "The new language that some of the organizations, including WHO, are starting to use is 'mid-level workers.' And they throw nursing into this category," she says. Shamian goes on to say that unless more nurses hold political and decision-making positions, nursing will not be a recognized profession in 50 to 100 years. "Without nurses at the decision-making tables and in regulation, nursing is at terrible risk," she warns.

As you ponder how to engage in decision-making, I have wonderful news to share. I am delighted to announce that Professor Linda Johnston has been appointed the new dean of Bloomberg Nursing, beginning on August 1.

Dr. Johnston joins us from Queen's University Belfast, where she is head of the School of Nursing and Midwifery. Since her appointment in Ireland began in 2008, she has increased the school's research productivity and international engagement, as well as developed successful recruitment strategies.

Johnston completed her undergrad nursing education in the States and earned a PhD at the University of Sydney. Her research interests include pain management in the neonatal ICU and the long-term outcomes after neonatal care. To further this area of study, she founded the Australian Collaboration of Neonatal Nurse Researchers.

Please join me in welcoming Linda Johnston as our new dean and wishing her all the best in taking our wonderful Faculty to even greater heights. *~*

Linda McGillis Hall

LINDA MCGILLIS HALL, RN, PhD, FAAN, FCAHS
INTERIM DEAN



PHOTO: REBECCA BARAN

AS NURSES, WE NEED
TO VALUE OUR
CONTRIBUTIONS
TO PATIENT CARE



THE EXODUS OF OUR NURSES TO the United States is continuing, even though Canada is in a poor position to lose even a small percentage of its nurse workforce. The Canadian Nurses Association predicts that with the aging population, we'll be short 60,000 registered nurses by 2022. This shortage will have a significant impact on the well-being of Canadians. While Canadian citizens experience access problems and delays in treatment because of the unavailability of nursing staff, it may also result in increased sick time, injuries, disability and other productivity losses. The need for Canadian policy-makers to develop effective strategies to retain our nurses has become no less than urgent.

I have focused on gaining a comprehensive understanding of why Canadian-educated RNs migrate to the States for work. By articulating

the characteristics of nurses who move to the U.S. and the reasons why they continue to migrate there, we will enable policy-makers to devise effective strategies that encourage our nurses to remain in Canada.

A long history

THE PHENOMENON OF CANADIAN registered nurses emigrating to the U.S. is nothing new. The States, to address its own dire nurse shortage, has assertively recruited nurses from around the world for longer than 50 years.

American nurse recruiters see Canada as a rich source of well-educated RNs. Also, they recognize that Canadian nurses fit well into the American milieu. Most Canadian-educated nurses speak English, so there are no language barriers for them to overcome before they start practising. In addition, a high percentage of Canadian nurses grew up

watching American TV shows and devouring American magazines, so there is little or no culture shock for Canadian nurses, making it more likely that they'll integrate well.

In the 1990s, several provincial governments in Canada effectively forced thousands of nurses to find stable employment elsewhere by eliminating many full-time nursing positions in an attempt to slash health-care spending. Industry Canada estimates that a staggering 27,000 nurses migrated to the U.S. in the 1990s. Most of the RNs who left were new graduates.

My research indicates that for new nurses, the grass really was greener on the other side of the border. The States could give Canadian nurses what Canada did not – full-time employment. And American hospitals, as they did in the 1990s, continue to offer Canadian nurses opportunities for ongoing education,

Canada requires
health care policies
that encourage our nurses
to stay in Canada

Cross-Border Shopping for Nurses?

by INTERIM DEAN
LINDA MCGILLIS HALL,
RN, PhD, FAAN, FCAHS

higher salaries, relocation assistance, better staffing levels, innovative scheduling strategies and, frequently, a signing bonus. But that's not all that the States has to offer.

More than money

WHILE THE DESIRE OR NEED FOR FULL-time work permeates all of my study findings as the main reason for leaving, in focus groups of Canadian-educated nurses that I conducted in North Carolina in 2006 it became abundantly clear that the U.S. brings something else to the bargaining table – a respect for Canada's nurses. The majority of our study participants described how the U.S. is interested in and values Canadian nurses as a human resource. This sentiment was in stark contrast to what they said about their experiences in Canada. The nurses spoke with a striking level of dissatisfaction and occasionally anger at the way

they had been treated by Canadian hospitals, managers, unions and governments.

As one expatriate expressed, "I didn't feel very valued as a nurse in Canada, it was just kind of like you're not even just a cog in the wheel, it was like you were really low man on the totem pole, so you didn't have a lot of respect as a nurse. But coming to the States, they really wanted you and they were very happy to have you here and you were valued and respected."

Another expat said, "I'm so angry with the Canadian government, I don't think I would go back from the way I was treated when I left. They didn't want me, well fine, somebody else did."

Exit to the south

SINCE THE 1990S, THE MIGRATION OF Canadian nurses has levelled off, but Canada is still losing nurses to

the States. Our more recent research identified that as recently as 2009, more than 2,000 Canadian nurses moved to the United States to obtain full-time employment after being unable to find a job in Canada. This suggests that these nurses were interested in remaining in Canada and could potentially have been retained in this country had full-time jobs been available to them.

Canada's ability to retain more of its nurse workforce may be a result of federal policy initiatives designed to improve nurses' work environments and provincial incentives that enable employers to hire newly graduated nurses. I find the fact that policies may have led to a reduction in nurse migration to be encouraging.

Affecting policy

THE ONTARIO GOVERNMENT IS TO BE commended for its \$89-million Nursing Graduate Guarantee program,

which it launched in 2008 to ensure that up to 4,000 new nurse graduates in the province have the opportunity for full-time employment in the health care field. This policy represented an important first step toward addressing the fundamental issues around nurse recruitment and retention, and how to solve what is likely to be a long-term nursing shortage. Now we need to keep on taking steps forward.

Since full-time work opportunities and the potential for ongoing education are important motivators for Canadian nurses to move to the U.S., Canada needs to decrease the amount of temporary and part-time employment it offers its nurses. Canadian health service policy-makers should emphasize full-time work along with opportunities to develop professionally.

And once and for all, we need to eliminate the boom-and-bust cycles of hiring and firing nurses. In its place we need a health-care financing strategy that reduces the instability that has characterized nurse employment in Canada.

There are so many other ways that policy could help Canada hold onto its nurses. For example, nurses who recently migrated to the States often expressed an interest in returning to Canada to work. Also, a recent study of 115 newly graduated nurses from a Canadian border community reported that 86 per cent would prefer to work in Canada. For them to return, health care administrators and policy-makers need to create an environment that supports nurses' repatriation.

In addition, our health care leaders need to focus on creating healthy work environments to recruit and retain Canadian nurses. Policy-makers need to consider educational capacity, salaries, professional career development, and enhanced roles in health policy and practice.

Next Steps

CLEARLY, CANADA NEEDS TO SEND DIFFERENT SIGNALS TO ITS nurses. A campaign must be mounted to send a strong message to Canadian nurses that they are wanted and needed in Canada's health care system, and that there are full-time jobs available for them.

I believe the emphasis now should be on providing incentives for Canadian-educated nurses to stay in Canada. Beyond full-time work and learning opportunities, what is it that attracts Canadian nurses to the U.S.? Is it signing bonuses, relocation assistance, more competitive salaries and benefits, and more convenient scheduling for individual lifestyles? Many of these approaches have been demonstrated to be effective in other industries and other countries. Research is needed

AMERICAN NURSE RECRUITERS SEE CANADA AS A RICH SOURCE OF WELL-EDUCATED RNS



to determine what role these incentives play in nurse migration.

Next year, there will be a new challenge to Canada retaining its nurses. Beginning in 2015, Canadian nursing graduates will no longer take the Canadian entry-to-practice examination, but the American one. Canadian nursing regulatory bodies have agreed to implement the National Council of State Boards of Nursing Licensure Examination (NCLEX) as their entry-to-practice examination, making it even easier for Canadian nurses to work in the States. Nursing leaders and policy-makers are waiting and watching to see if the decision by Canadian regulators to have nursing graduates write the American entry-to-practice examination will lead to an increase in nurse migration to the States, yet again. ~

ENTRY & EXIT STRATEGIES

Why individuals can't wait
to be a nurse and then
drop out of the profession

FOR THEIR BLOOMBERG NURSING DOCTORAL DISSERTATIONS, these two nurses examined why people zero in on nursing as a career and why so many end up walking away from the profession. Bukola Salami, MN OT8, PhD IT4, studied Filipino nurse migration to Canada and the challenges that internationally educated nurses can face when trying to resume their profession here. Sheri Price, PhD IT1, explored why young people choose the profession.

Both graduates reviewed nursing workforce figures as well as projections of the number of nurses that Canada will need in 10 and 20 years. They're disconcerted, yes. But they're also hopeful that their research will lead to the development of strategies that strengthen our nursing labour force.

Bukola
Salami

Dr. Bukola Salami's insights

SALAMI'S DOCTORAL RESEARCH EXPLORED Filipino nurses moving to Canada through the Live-In Caregiver Program. Specifically, her study – the first of its kind in Ontario – examined the experiences of nurses educated in the Philippines who migrate through the program.

The Live-In Caregiver Program allows individuals to come to Canada to provide care to children, the elderly and the disabled while living in the client's home for a minimum of 22 months and a maximum of four years. In December 2012, there were 19,830 live-in caregivers in the program across Canada, 85 per cent of whom had come from the Philippines and 95 per cent of whom are women.

As part of the study, Salami interviewed 15 live-in caregivers in Ontario who had graduated from a four-year nursing program at a university or college in the Philippines. "It's definitely a complex scenario," says Salami, now an assistant professor at the University of Alberta's Faculty of Nursing in Edmonton. "We have a global shortage of nurses, and in Canada we have internationally educated nurses working as domestic workers."

The journey begins

"THE VAST MAJORITY OF THE NURSES WHO MIGRATE TO Canada through the Live-In Caregiver Program have children who they've left behind with family members. They leave the Philippines for economic reasons, to ensure their children have a better life by gaining Canadian citizenship for their family," explains Salami, who studied nurses who came between 2001 and 2011. "As professional women undertaking unskilled labour, the nurses sometimes refer to themselves as 'servants.' It's a major fall for these women, but it's a fall they're willing to take to better their family."

As one nurse in the study expressed, "I thought, I can start, even in the lowest position, as long as in the long run ... I am looking for the future, that I can bring my family and we can all be together. It's all for my family, that's my purpose in coming here."

"In the Philippines, their policy is to train nurses for export," says Salami, "and it may be why many choose nursing. The pre-migration information they receive can make them imagine that the move is an easy journey." It's not.

Mind the gap

AS TEMPORARY WORKERS ON A PATH TO PERMANENT RESIDENCY, their professional integration is complicated by Canada's immigration policies. Policy-makers emphasize the workers' short-term obligation to address our shortage of live-in caregivers; live-in caregivers emphasize our government's long-term obligation to address their integration.

As part of the study, Salami also interviewed nine stakeholders, including a senior immigration policy-maker, nurse educators and support group representatives. "A lot needs to be done to leverage the integration of this group of internationally educated nurses," says Salami. "Immigration and nursing policy-makers – I doubt if they talk to each other. If they do, it's not reflected in their policies."

Caregiver program participants can apply for permanent residence status after two years in Canada. Once they have an open work permit, they can bring their family here. And then it's another one to four years to become a permanent resident.

Return to practice?

IN ONTARIO, INTERNATIONALLY EDUCATED NURSES REPRESENT 11 per cent of the total nursing workforce but there are many more IENs unable to register as a nurse. The process involves the applicant meeting eight requirements set by the College of Nurses of Ontario, and IENs can experience challenges with any of the steps in the registration process, says Salami.

The requirements include passing an English profi-

ciency exam and the national nursing exam. Another regulatory requirement is evidence of safe nursing practice in the past three years. But since the nurses in the Live-In Caregiver Program must fulfil their 22-month obligation, they're out of practice for almost two years. "This makes their integration into the nursing workforce particularly difficult," she says.

After analyzing what Salami refers to as "the waste in human capital of Ontario's IENs from unemployment or underemployment," she concludes: "The inability of internationally educated nurses to become registered is substantial, considering the national and global nursing shortage. Sure, some of these nurses eventually become personal support workers, but that's definitely not nursing."

Dr. Sheri Price's insights

GLOBALLY MINDED AND TECHNOLOGICALLY SAVVY, THE millennial generation (born between 1980 and 2000) needs to be recruited and retained for the nursing profession to grow, says Price, an assistant professor at Dalhousie University's School of Nursing in Halifax.

Previous research suggests that holding onto this generation of nurses is problematic. Compared to other generations, millennial nurses are significantly less satisfied with the profession and have a higher proportion of nurses suffering from burnout. In fact, recent research suggests that 30 to 60 per cent of nurses in their first two years of professional practice indicate dissatisfaction with their jobs and state an intention to leave their chosen profession.

"The millennial generation has so many strengths; they're empowered, they're informed," enthuses Price. "We have to find ways to address these nurses' discontent so they'll remain in nursing." One way to do this is to go back and look at why they chose nursing in the first place.

The draw to nursing

FOR HER DOCTORAL DISSERTATION, PRICE EXPLORED THE factors that influence members of the millennial generation to pursue nursing. She started by interviewing 12 students in Halifax who were entering their first year of nursing. Price learned that the students believed they possess the virtues – such as kindness, thoughtfulness and compassion – necessary to be a nurse. The students expressed wanting to help others and make a difference. For some, entering nursing was more than a career choice; they elevated it to a calling.

Price also found that many had chosen nursing because they want to provide high-quality health care through direct patient contact. New models of care, though, have contributed to RNs moving away from direct care provision. "Nurses are looking for that connect with the patient,

but the administrative components of the nursing role are pulling them away from patients and the bedside. This may contribute to a sense of disillusionment with the profession and job dissatisfaction.” Understanding that direct patient contact is a motivating factor for choosing nursing, Price suggests supporting new nurses in moving to different settings and specialty areas so they can have opportunities to provide direct care.

In addition, the students expressed the hope that the profession would be able to provide them with continual growth, saying they don’t want to do one thing for the rest of their lives. “Previous generations viewed a career as a lifelong commitment,” explains Price. “The millennial generation do not approach career choice that way; they were raised to recognize a range of opportunities and possibilities over their lifespan.”

And our new nurses are not about to stay put. Driven by the understanding that nurses can find employment anywhere, they see the profession as a way to fulfil their goals of geographic mobility and being able to travel.

A realistic picture

“NURSES HAVE OFTEN BEEN SOCIALIZED TO PERCEIVE NURSING as a caring, virtuous, altruistic profession,” explains Price. “Dissonance can occur when new nurses’ idealistic perceptions of caring are confronted by the realities of everyday practice.

“The problem with an emphasis solely on the virtues of the profession is that it can de-emphasize the knowledge, skill and expertise required within nursing practice,” she continues. “The image of nurses as virtuous caregivers can be helpful in recruiting individuals to nursing; however, it may prove problematic if it is the only image that’s used. The complexity and scientific knowledge base of nursing practice is the part of the story that is missing.”

Price calls for professional nursing organizations to create positive images and to update messages about the profession to emphasize knowledge, skill and expertise in addition to the traditional virtues. And she suggests targeting these messages to all age groups, including children.

Meet a nurse

“IF YOU KNOW A NURSE, IT OPENS UP THE DOORS TO UNDERSTANDING the nursing profession,” says Price. “Young people need opportunities to meet practising nurses. To explore nursing, they need to meet nurses through career fairs and become familiar with potential career choices as early as elementary school.”

Direct contact with nurses is why Price entered nursing. “I had a chronic disease and when I was 13, I experienced an acute episode which landed me in the ICU for 10 days. Being critically ill, there were nurses at my bedside around the clock, assessing me, monitoring



Sheri Price

PHOTO: RILEY SMITH

my vital signs, administering medications, comforting me and often anticipating my needs before I could articulate them. I could see how caring, brilliant and knowledgeable nurses are.”

Be a Nurse

PERHAPS THE BEST WAY TO USE MY RESEARCH FINDINGS TO enhance recruitment would be to use interactive social media platforms, said Price. “This generation of students communicates using social media, so I decided to use the latest technology to reach them.”

Price created a main recruitment video and five vignettes that showcase a synthesis of the stories told by the millennial nursing students at Dalhousie who took part in her study, and each vignette communicates a different reason for choosing nursing. To inspire, motivate and inform individuals interested in a nursing career, she then created a Facebook page, Twitter account, YouTube channel and website she titled “Be a Nurse.” When the website went live in February, it was an instant success. In the first month, the videos had more than 6,500 views, and the number of Twitter followers grew to 650.

The most exciting part for Price has been directly reaching out to the targeted demographic. “This is the first time I’ve translated my research in a way that is so incredibly responsive,” says Price. “I get instant feedback through Tweets and messages on the website. What they like is the social connection. They love the stories.”

Visit “Be a Nurse” at <http://beanurse.ca>

NPs have proven to be
cost-effective and safe,
yet are still unable
to contribute to their
full potential

NEARING THE TIPPING POINT

“OUR REGULATORS, GOVERNMENT agencies and practice settings need to change legislative frameworks and policies to enable advanced practice nurses to practise without barriers, without needing to create work-arounds that waste time and money,” says Pam Hubley, MSc 9T3, chief, professional practice and nursing at the Hospital for Sick Children.

Nurse practitioners promote access to care, improve wait times and augment services. Patient-satisfaction surveys rave about the accessibility of NPs, and the ongoing patient and family support and holistic care they provide. Regardless, NPs struggle to fully integrate into the health care system.

Any new idea – even a wonderful new idea – may be met with challenges. For a new idea to prog-



ress to the tipping point, where it's accepted and takes hold, it needs a trailblazer to push boundaries, create new partnerships and win over stakeholders. Introducing the NP role to the Ontario health care system required not one trailblazer, but a multitude of them.

Meet the champions

KRISTA KEILTY, MN 9T5, IS A TIRELESS advocate for nurse practitioners. "I've responded to many opportunities to write a letter of support, whether it's on the regulatory or ministry level," says Keilty, the former co-ordinator of our NP-Paediatrics Program. At the College of Nurses of Ontario, she joined committees to help shape regulations, often illustrating the points she was making with examples from her nurse practitioner practice at SickKids.

Keilty has worked as an NP with children who have medical complexity, most of whom are assisted by home care technology. She now leads practice innovation, research and evaluation to advance child and family-centred care at SickKids. Between seeing patients, she sits on hospital taskforces, explaining the virtues of interprofessional practice and the complementary competencies of NPs. She calls all health professionals to come together to provide the best-possible health care.

Hubley, who earned an acute-care nurse practitioner certificate at U of T in 9T5, led the implementation of the advanced practice framework at SickKids. Over the last eight years, the hospital has doubled its number of NPs. Today, it has close to a hundred NPs, the highest number of NPs in any one-site setting in Canada. "An idea that once captured the

minds of a select few has spread, thanks in part to nursing leaders who had a vision, believed in an idea and worked to embed change in the system," she says. "I think we're very close to the tipping point, but we still need more organizations to build an infrastructure to support nurse practitioner practice, and we need to take a systems approach to enable NPs to better integrate care across settings."

Laying the foundation

THE PREDECESSORS OF TODAY'S PRIMARY health care NPs are outpost nurses who practised in the Canadian North more than a hundred years ago. They advanced their skills and went to remote as well as rural communities that weren't serviced by physicians. Since then, the advanced practice role has been woven into many – but certainly not all – facets of our health care tapestry.

NPs employed in nursing in Ontario, 2004-2013



Source: Membership Statistics Highlights 2013 published by the College of Nurses of Ontario

“There’s more room for NPs in the primary care of children,” suggests Keilty. “Primary health care NPs are well positioned to collaborate with community-based health care teams, but there are fewer opportunities for paediatric NPs to practise outside of hospitals. Paediatric NPs could bring their specialized knowledge to these teams and, for example, provide chronic disease management in the community, closer to where the child and family live. I know we have a lot to offer.”

Before NPs can fully integrate into existing and new models of primary health care, Hubley says there needs to be a broader understanding of the role among nurse leaders. “There’s a growing awareness, but we’re still on the edge of pushing that knowledge to the executive level. We need chief nurse executives to champion the role.

“And we need to be consistent across Canada,” continues the Bloomberg adjunct faculty member.

Since 2009, when Yukon passed legislation regulating NPs, all 10 provinces and three territories have had legislation authorizing the role. However, the legislation – especially with regard to title protection and scope of practice – is different.

Each province and territory’s NP educational programs are also singing their own tune. U of T Nursing, which started an acute-care NP program in 1993, was the first to offer a graduate-level NP program outside of neonatology. Since then, many other NP programs have emerged, each offering content and standards unique to its province or territory. Canada does have a national entry-to-practice exam, but not every jurisdiction uses it. This lack of standardization creates challenges, including creating obstacles for an NP to practise in a different region of Canada. “The regulatory bodies need to put rigour in place in terms of qualifications,” says Hubley.

Growing pains

IN ONTARIO, SOME NPs ARE FINDING IT challenging to meet a registration requirement that the regulatory college recently introduced. Keilty, an NP for 16 years, offers her situation as a case in point. “To maintain your nurse practitioner registration in Ontario, you must practise directly with clients and carry out the NP’s scope of practice, which includes diagnosing, prescribing and ordering diagnostic tests,” she explains. “I’m currently most involved in research and leadership. As a self-regulating professional, I need to continuously reflect on whether I meet College requirements.”

Hubley would like to see NPs being able to prescribe controlled substances. “It’s a barrier in the hospital setting because it limits the capacity of NPs to care for patients quickly. For example, the NP has to find a physician to prescribe a narcotic to manage the patient’s pain and alleviate suffering, or to prescribe an anti-seizure medication when a patient is having a seizure. It will be a great day when Ontario NPs can implement the federal controlled-substances legislation within the acceptable parameters of the College.”

The need for medical directives can be another challenge. “Directives for NPs blur lines of accountability between NPs and physicians, and require a lot of effort,” says Keilty. And not only can directives be onerous, they can be out of date before they’re approved. Still, Keilty is smiling ear to ear.

“It has been nothing but consistently moving forward for NPs,” she says. “Even when we were waiting for the next piece of legislation to be enacted in the frontlines, I knew that in the background there were people working with optimism.”

Moving forward

While there are still barriers that restrict nurse practitioner practice in Ontario, recent years have seen numerous legislative and regulatory amendments, including these landmark victories.

1998 NPs gain the regulated authority to perform additional controlled acts.

2006 First NP-led clinic – in Sudbury, Ontario – is approved. The clinic swings open its doors in 2007.

2007 The College of Nurses of Ontario begins registering NPs in three specialties – adult, paediatrics and primary health care.

2008 “Nurse practitioner” becomes a protected title.

2011 A watershed year, with NPs being awarded multiple new privileges including:

- Authorization to treat, transfer and discharge in-patients. Previously, NPs were only allowed to diagnose and treat outpatients.

- Open prescribing, except for controlled substances. Formerly, they could only prescribe from lists of drugs, which could quickly become outdated.

- Open ordering of diagnostic tests, instead of only from laboratory lists.

- The controlled act of setting or casting a fracture or dislocation.

2012 NPs authorized to admit patients to hospitals.

THE Time-Research Continuum

To excel, you need to know not only where you've been, but where you're going

IN NOVEMBER, OUR FORMER DEAN, SIOBAN NELSON, offered the delegates at Bloomberg's Emerging Nurse Scholars Forum insights into how to launch a successful research program.

To start designing a program, she suggested that you turn on your heels and look back through time. "You don't know where you're going unless you know where you've been," said Dr. Nelson. Then she advised planting your feet firmly in the present and having a good look at current research trends. Finally, step into what you imagine the future might hold for your area of study.

Look back

"NURSING RESEARCH REFLECTS NURSING HISTORY," SAYS Nelson, who now serves as U of T's vice-provost, academic. "The 1960s and '70s were about building the discipline of nursing and forming an academic identity.

"Then by the 1990s, nurse researchers were becoming more outward looking, and began taking their evidence to the point of care and using that evidence to develop protocols for clinical care," she told the international doctoral candidates and recent PhD graduates at the forum.

Before long, the practice domain began looking to nurse researchers for initiatives aimed at improving standards at a system level. "The hallmarks of this period were creating the evidence base for practice standards and a culture of evaluation for interventions, to continually improve practice," she said. "It changed the way we think about practice today."

Look at the present

"IT'S THE DECADE OF THE BRAIN, AND NURSING NEEDS TO BE making a major contribution in areas such as dementia, stroke, as well as growth and development – a child's first one-thousand days," says Nelson. "I don't think we are focused enough in this area, and it's an opportunity to bring nursing perspectives to the research agenda.

"And there aren't a lot of nurses getting into big data either," she continues. "Big data has enormous potential for research."

Big data includes social media data – such as information gleaned by analyzing umpteen Tweets – and it also encompasses the information available in patient records. "When you have enough data, you can see trends, you can begin to understand population-specific behaviours," she says. "You can answer questions such as: What does this population do? What can we do for prevention? What is the optimal time for the first treatment? How do we plan treatments after that?"

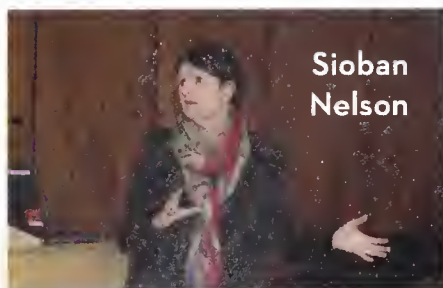
Nelson emphasized that right now in Canada the focus is on integrating care and practising in multidisciplinary teams. Consequently, your research should include the perspectives of other health care professionals. "Don't just go to nursing conferences, don't just publish in nursing journals," she advised. "Go to any meeting where they're presenting on your research area. Publish in all sorts of publications." And as a researcher, don't plan on going it alone. You'll need a multidisciplinary team.

Look forward

"IDENTIFY THE BIG THINKERS IN YOUR FIELD AND WATCH what they do. And plan to meet them one day," she instructed. "Imagine what your future research team will look like. Figure out how to make those connections. And ask: What do *you* have to offer the team?"

Nelson also challenged the delegates to imagine what's coming down the pipe. "What's the future of your research field?" she asked. "Where is your discipline going? How is it orientating itself?"

Finally, she encouraged the scholars to examine the goal they're working toward. "Don't just concentrate on outputs, such as getting papers published, securing grants and presenting at conferences. As an academic, your goal should be to generate new ideas and be a creative force for change. Those ideas will generate the grants and the papers and secure the future of your program of research. Remember, it is the thinking and the creative work of you and your team that is important and will have the impact. And it's also the fun and inspiring part!"



Sioban Nelson



PHOTOS: KENDRA HUNTER

ANN TOURANGEAU

This Bloomberg
associate professor
has researched
strategies to address
the nurse faculty
shortage

Have you CONSIDERED an ACADEMIC CAREER?



PHOTO: STEPHEN UHRANEY

“ATTAINING AN ADEQUATE SUPPLY OF nurses depends on attaining – and retaining – an adequate supply of faculty for nurse education programs,” says Ann Tourangeau, a 2011-2014 recipient of an Ontario Ministry of Health and Long-Term Care’s Nursing Senior Career Researcher award. “Nursing faculty are critical to addressing the shortage of registered nurses in Canada and around the world. We need to enhance our capacity to educate new nurses, provide graduate education, and discover and disseminate nursing and related knowledge.”

Dr. Tourangeau was the principal investigator of the *Promoting Retention of Ontario College and University Nurse Faculty* study. “It’s the only current study in Canada on this topic, and one of only a few in the world,” says Tourangeau, U of T Nursing’s associate dean academic programs.

“Little is known about what influences nurse faculty retention,” she continues. “This research begins to fill knowledge gaps, and gives nursing deans and directors as well as university decision-makers and government policy-makers information they need to promote nurse faculty retention.” Armed with this new knowledge, they can develop and implement practical strategies that modify and strengthen factors that encourage faculty members to stay employed, and decrease those factors that could be encouraging them to leave their academic role.

The information is critical. A report by CNA and the Canadian Association of Schools of Nursing (CASN), for example, revealed that in 2012, Canadian nursing schools were unable to fill 78 full-time faculty positions. In the same year, only 66 nurses in Canada graduated from a PhD program, and not all of these grads will choose to work in academia.

Won’t you stay longer?

STAFFING NURSE EDUCATION PROGRAMS IS PARTICULARLY problematic because more than 44 per cent of nurse faculty in Canada are aged 55 or older. “One of our challenges is to develop strategies to entice this large cohort of nurse faculty to remain employed in their positions for as long as possible,” says Tourangeau.

“Canada is not preparing enough PhD-educated nurses to undertake academic positions,” says Tourangeau. “A PhD education takes at least

four years of full-time study, and is often completed at a loss of income and other work-related benefits. Nurses tend to choose doctoral education because they want a career that includes research, teaching and leadership roles.”

In the past, most nurses who embarked on doctoral education were experienced nurses, but Tourangeau notes a recent change – nurses are starting their PhD much earlier, in their early 30s or even their 20s.

Finding factors

TOURANGEAU BEGAN THE FACULTY RETENTION STUDY IN 2011 by conducting focus groups with nurse faculty in Ontario colleges and universities. “The most exciting part of the research was leading focus groups,” she says. “We asked all six groups one overarching question: What factors in your work or life influence your decision to stay or leave your faculty position?” After transcribing the audio-taped sessions into an electronic format, the research team analyzed them to identify themes.

Based on focus group findings and previous research literature, the team came up with a model explaining factors influencing nurse faculty retention. They then developed a 15-page survey to measure model concepts and test the model with the population of Ontario nurse faculty. In total, 1,328 surveys were sent out, and 650 nurse faculty completed the survey.

Finally, they held knowledge translation and exchange forums to validate and interpret the findings, and identify strategies to strengthen Ontario nurse faculty retention. Tourangeau encouraged members of university or college leadership teams to use her research findings to increase nurse faculty retention rates.

How to keep faculty

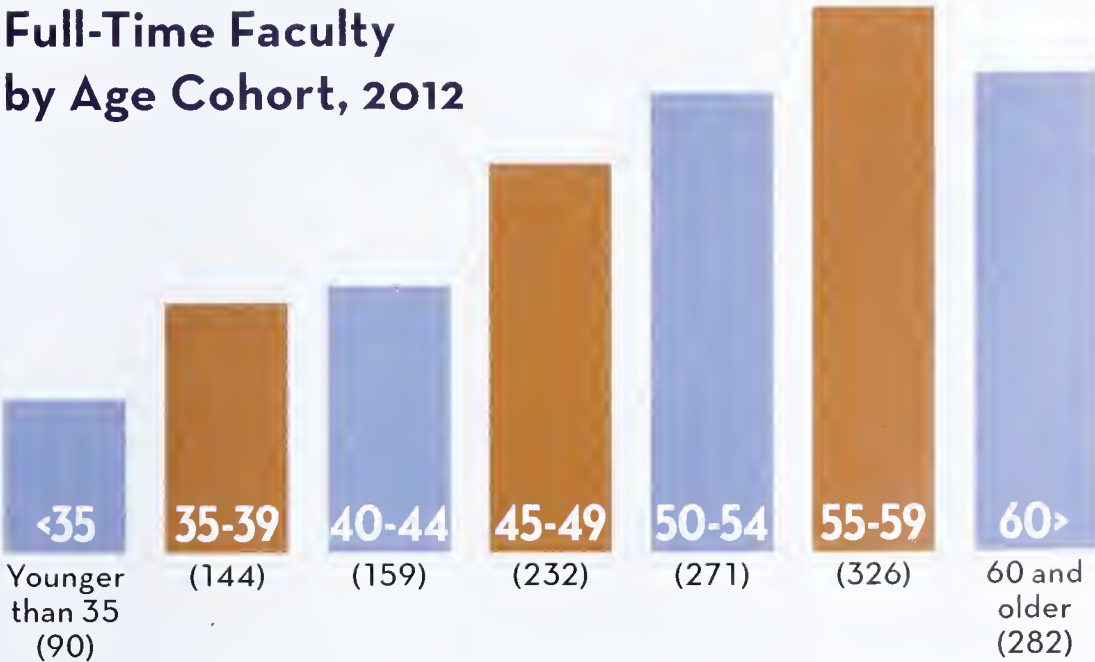
IN THIS STUDY, 63 PER CENT OF THE ONTARIO NURSE FACULTY respondents reported that they were likely or very likely to remain employed in the academic organization for the next five years. The study also determined that three of the strongest factors that influence nurse faculty retention are having a supportive dean or director, a reasonable workload and supportive colleagues.

No matter what the age of the faculty member, supportive leadership consistently ranked at or near the top in importance for why faculty members stay employed. In particular, faculty are motivated to stay if the dean or director demonstrates respect, provides constructive feedback and recognizes faculty contributions. But as Tourangeau points out, nursing faculty leaders may have no formal leadership training, so may require education to strengthen their leadership style. “Leadership isn’t serendipitous, it is a set of learnable skills,” she says.

Faculty usually take on several roles, such as researcher, teacher and/or health care practitioner. Although highly desirable, these role combinations can lead to workload issues. “Employers need to support work-life balance through strategies such as flexible scheduling and by providing resources to enable nurse faculty to work from home,” says Tourangeau. “It is reasonable to assume that all nurse faculty have interests outside of their faculty roles.”

To learn more about Tourangeau’s research, visit www.tourangeauresearch.com

Full-Time Faculty by Age Cohort, 2012



Source: Registered Nurses Education in Canada Statistics, 2011-2012, by CNA and CASN

Graduates from Doctoral Programs in Canada, 2008 to 2012



Source: National Student and Faculty Survey of Canadian Schools of Nursing in Registered Nurses Education in Canada Statistics, 2011-2012, by CNA and CASN

Who *are* nurses, anyway?

Nurses were once
stereotyped as mother
figures and angels. Now
we're sex kittens.

by **MICHAEL J. VILLENEUVE, RN**



INSTRUCTIONS:

- Glue onto heavy card
- Cut along the dashed blue lines
- Fold along the solid pink lines
- Dress up John and Jane in your favourite stereotype!

THE HOOPLA OVER “SCRUBBING IN” – A recent MTV reality show – gives nurses pause to reflect on our public image, yet again. The show tempts viewers with voyeuristic peeks at beautiful, highly sexualized young women and men, all real RNs, who cavort, tease, argue and curse in one scene, and then deliver care to actual hospital patients in the next scene.

While there has been considerable backlash about “Scrubbing In” from many nurses, other RNs claim the show is just harmless fun. But there’s evidence to show that this negative nurse stereotype has substantial consequences indeed because it can influence government decision-makers, other health care professionals and the public we serve.

As the pendulum swings

THE PROMISCUOUS, PARTYING IMAGE OF NURSES in “Scrubbing In” is hardly new; it has always been contrasted with the stereotype of nurses as chaste and asexual, even angelic. On another continuum, competent, thoughtful nurses are pitted against silly, blundering ones, too stupid or lazy to do anything but nursing. And on another trajectory, nurses who are mean, vicious and vindictive are countered by nurses whose eyes glaze over with sickly sweet sentiment, who flash motherly smiles, and who are often linked with pictures of teddy bears and hearts. Integral to all these unflattering images are issues of gender, and the devaluing of women and their work.

Many of these nurse stereotypes have persisted to this day. A 2012 analysis of the 10 most-viewed YouTube videos of nurses identified three prominent images: nurses as skilled knowledge workers, nurses as sexual play-things and nurses as witless incompetents.

As if the damaging images of nurses in the media are not problematic enough, social media have provided venues for some of our less enlightened colleagues to fuel these stereotypes. In a famous case in England, for example, two nurses were fired for Tweeting

NURSE IMAGES THROUGH THE AGES

1854-1919, ANGEL OF MERCY



Florence Nightingale raises nursing to a noble profession

1920-1929, GIRL FRIDAY

A dedicated career woman—until her wedding day



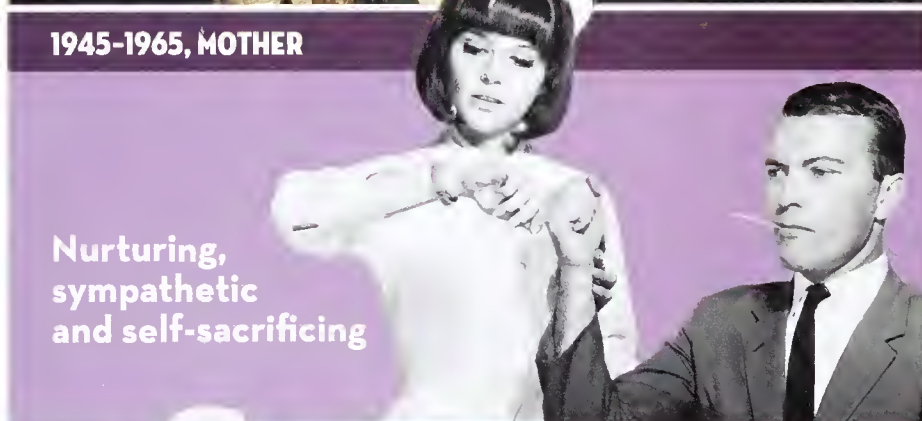
1930-1945, HEROINE

On the frontlines, courageously caring for our wounded



1945-1965, MOTHER

Nurturing, sympathetic and self-sacrificing



1966-ONWARD, SEX OBJECT

Shapely and profoundly promiscuous



U of T Nursing thanks Dr. Beatrice Kalisch, a professor at the University of Michigan School of Nursing, for giving *Pulse* permission to draw from her research of historic nurse images for this timeline

REGISTERED NURSING IS AMONG THE MOST STARKLY GENDER-SEGREGATED PROFESSIONAL GROUPS IN NORTH AMERICA

about patients and posting photographs of themselves wearing incontinence pads.

I am a man, I am a nurse

SHAKING UP THE GENDER MIX OF THE PROFESSION might help quash the damaging, sexist stereotypes of nurses. Registered nursing is among the most starkly gender-segregated professional groups in North America. Over the past 50 years, other professions – such as law and medicine – have made a considerable effort to chip away at their gender imbalance, and with remarkable success. Nursing, though, remains as strongly associated with women and women's work as it was 150 years ago, when Florence Nightingale and her allies declared nursing to be a womanly art and sent men fleeing.

Values at the time may have dictated nursing as women's work, although that notion flies in the face of other healing professions, such as medicine, which men effectively provided. Nursing practice is as asexual as it always has been, and many of the men who enter the profession seem highly satisfied with their career choice. The salary and benefits are competitive, even if some practice conditions can be trying for any nurse. So the historic barriers to men may be weakening.

The assumption that male nurses are homosexual or feminine may still be a barrier to men entering nursing, although it's less clear now than it was 20 years ago. Today, an almost teasing tone of sexual ambiguity is considered *de rigueur* among many young heterosexual men and is entrenched in the media that are thrust into our sightlines every

day. And research shows that male nurses who have more androgynous, male and female scores on the Bern Sex-Role Inventory, have less role strain than male nurses with high feminine scores.

A call to action

IN MAKING STRIDES TOWARD A BETTER GENDER balance, other gender-segregated professions have understood that the presence of both women and men is important in advancing their discipline, and is valuable to clients. How a more balanced mix of men and women might affect nursing is uncertain, but it has intuitive appeal.

Most men seeking a rewarding health-care career would understandably turn away from the troubling images of nurses, but would the same not hold true for most women? While the impact of nurse stereotypes on recruitment into the profession is unknown, because women continue to fill many more seats in nursing schools, something different must be at play with men.

With Bloomberg Nursing's growing cadre of male faculty, whose presence tends to open the door for more male students and instructors, we have an opportunity to take on and bring down some of the disturbing nurse stereotypes that have persisted so strongly for so long. The dynamics keeping men from entering nursing can be broken, but breaking this cycle demands a planned, sustained, long-term effort. U of T Nursing – by paying attention to its language, recruitment efforts, hiring practices, pedagogy, and the different ways women and men express caring – is in a solid position. We could lead the country by dismantling outdated and gender-driven practices in favour of forging new paths for a more gender-balanced profession. *~*



Michael Villeneuve, BScN 8T3, MSc 9T3, is a Bloomberg Nursing lecturer and graduate faculty member. He was the executive lead of CNA's National Expert Commission.

ODD MAN OUT

This school year, 43 men enrolled in Bloomberg Nursing's BScN program, making the ratio of female to male undergraduates approximately 10:1. It's a far cry from equality, but an astonishing advance from 1980 when female students outnumbered their male classmates by almost 100:1.

Here, two male first-year students share their experiences.

CHRIS YU

What attracted you to nursing?

I've always wanted to work in the medical field. Coming from a science background – I have an honours BSc from U of T – I enjoy the technical and scientific knowledge that nurses need to provide care interventions.

Did your family and friends support your decision?

My mother, a palliative care nurse, definitely supported my decision. My dad, on the other hand, grew up when nursing was a feminized role. I've explained the many technical, scientific aspects of nursing, and my dad is starting to come around.

I'm lucky to have a close group of friends who support my decision. I have been persuading some of them to consider nursing – with success! This year, one male and one female friend applied for nursing.

Were you treated differently in practicums?

Yes, male nursing students receive more support, if they ask for it. My first placement was in a maternity unit, and almost all of the patients were receptive to me caring for them. What worried me was not that I was a male nursing student in a maternity unit, but that I would drop a baby. I had never held a baby before!

During maternity and medical surgical placements, I saw a few operations and have fallen in love with surgery. Perhaps a career as a nurse anaesthetist or surgical first assist is in my cards.

What needs to happen before more men enter nursing?

People need to be more informed about the work that nurses do. Nurses are portrayed as fulfilling the emotional needs of patients, a role stereotypically associated with women. Although this is an important part of what nurses do, there are so many other aspects. Nursing is about providing safe and competent care, and empowering patients to achieve their best possible health outcomes. That sounds like something both men and women can do.

DEXTER ENDOZO

What attracted you to nursing?

While studying molecular biology and genetics at the University of Guelph, I enlisted in military service to cover my tuition. When not at university, I was in uniform, training and working as a medical technician. In the Army, I developed a love for adventure, excitement and, most of all, for helping people and saving lives. When



PHOTO: CHRISTIAN PETERSON

I graduated from university, I joined the Army full time and was immediately posted out.

After months of jumping out of helicopters, dismounting from armoured vehicles and overall kicking butt as a combat medic across North America, I wanted to deploy overseas. These opportunities were dwindling fast, though, so I needed to find something new.

A member of the Royal Canadian Regiment told me to go into nursing, saying, "A nurse is a medic without a gun." He's right. Medics, like nurses, build relationships with their patients and hold intimate knowledge about their patients' wants and needs.

Did your family and friends support your decision?

My family definitely supported me, maybe because they'd have me home again. Also, there are a lot of nurses in my family, but I'm the first guy to go into nursing.


My infantry friends joked that I would look cute in a nursing outfit. The guys I grew up with asked, "Why not med school?" And one of my closest friends, who is like a brother to me, continues to make fun of me. I don't mind, but it's that kind of mentality that turns men away from this wonderful profession.

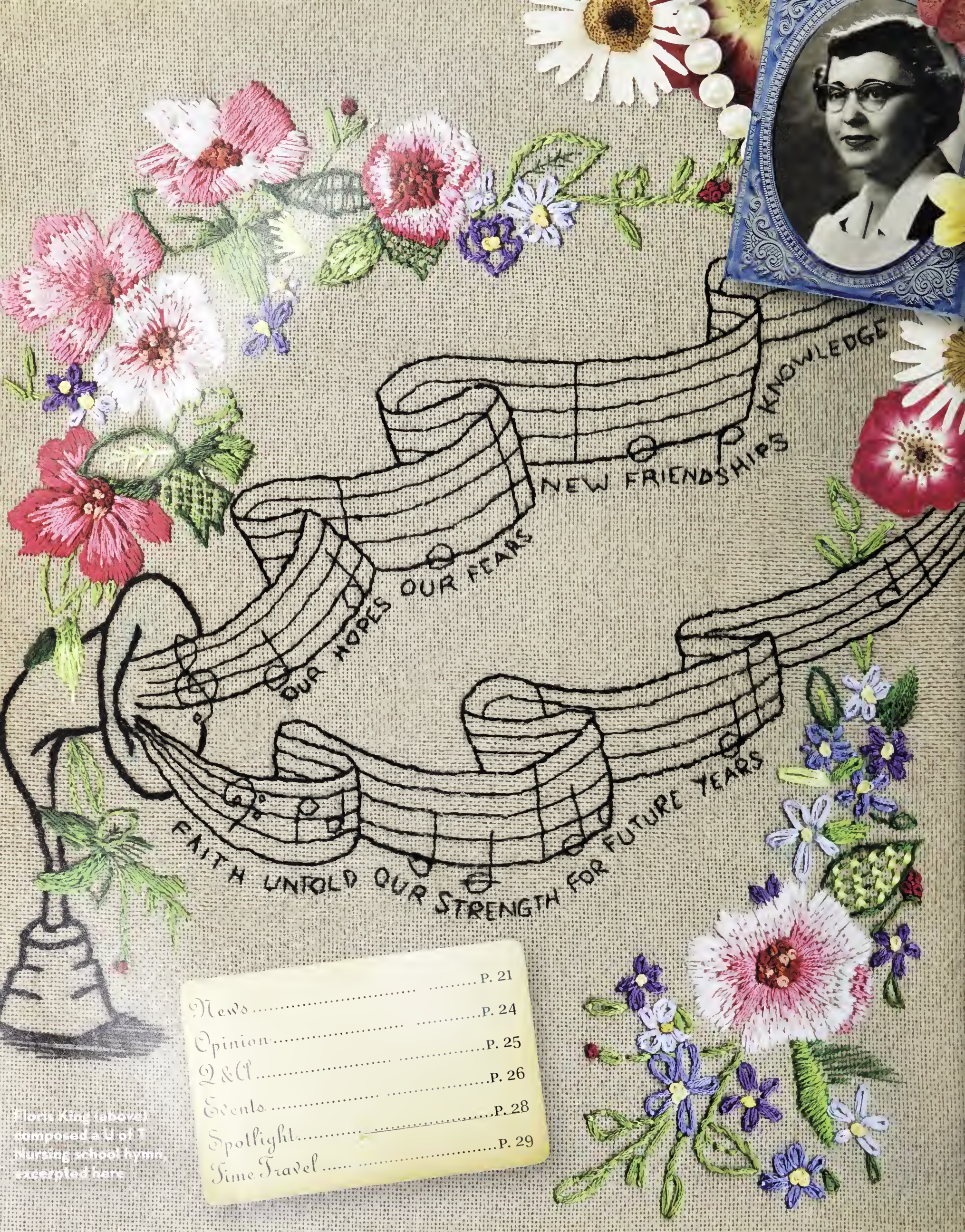
Were you treated differently in practicums?

All of my clinical placements have been wonderful, but especially the one on the maternity unit. The families would always have a good laugh as I tried to explain breastfeeding.

I want to get into emergency care; specifically, flight nursing. Ornge offers a paediatric critical-care transport paramedic position for RNs; it's a great opportunity for nurses looking for high-adrenaline action.

What needs to happen before more men enter nursing?

We need to change our perspective on nurses, and I blame the media for society's distorted view. I grew up on "M*A*S*H," "House" and "Scrubs," which showed male doctors making a difference in people's lives. Where were the male nurses? 



OUR HOPES OUR FEARS
NEW FRIENDSHIPS
KNOWLEDGE
FAITH UNFOLD OUR STRENGTH FOR FUTURE YEARS

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Floral King (above)
composed a ditty
Nursing school hymn
excerpted here

GENEROSITY MEETS NURSING STUDENTS

At the annual Student Awards Ceremony, alumni and friends of U of T Nursing were thrilled to get to know the students who gratefully received the awards that they had funded. The event also gave the students the opportunity to show their appreciation to the donors.

More than 175 undergraduate and graduate students received awards and scholarships at the ceremony held at

the Toronto Reference Library in early November. The donors were thanked for contributing to the next generation of nurse leaders, and told that the endowment for needs-based financial aid is vital to attracting and maintaining top students. The awards enable the students to focus more on their studies and less on their debt.

Since our undergraduates enter nursing after earning at least one university degree, most start with significant

student debt. And once enrolled in nursing, the long clinical hours, consolidated classes and extended school term prevent them from taking on part-time or summer employment.

This year, Bloomberg Nursing awarded the Dean's Scholarship for the first time. This international award recognizes the financial costs associated with pursuing a nursing education in another country. This year's recipient was Yume Kobayashi from the Class of 2015.



PHOTOS: KENDRA HUNTER AND JOHN P. SANTOS

BACK TO BLOOMBERG

In January, U of T Nursing invited graduates of the elective "NUR480 - Critical Perspectives in Global Health" to its first-ever NUR480 alumni reception.

"We see you as future global health leaders," said Interim Dean Linda McGillis Hall in welcoming the grads. "We want to help you promote and achieve advanced global health initiatives in the work you do, both internationally and here in Canada." What the evening soon revealed is that for many 480 alumni, the course was transformative and had directly influenced their practice.

The elective offers undergrads at the end of their final year the opportunity to practise in a resource-constrained area. The vast majority of 480 students go to India, where an RN assumes the role of preceptor, supervising the students and providing feedback on their practice.

One of the first students to take the course was Stephanie de Young, BScN OT6, who went to Ethiopia with Amy Bender, a Bloomberg lecturer. As the program co-ordinator of the Ethiopian Canadian Nursing Collaboration, Bender, PhD OT9, teaches qualitative research and facilitates thesis support of master's students at Addis Ababa University in Ethiopia.

"That trip has developed into a longer partnership with the Faculty in Ethiopia," says de Young. "The course was really instrumental in helping me develop a global outlook and skill set for what I do today. I'm a nursing project manager at SickKids at the new Centre for Global Child Health, and I'm working on nursing education partnerships in Ghana and Ethiopia. For me, there's a direct link with the work that I do and the experiences I had in 480."

News

VISITING SCHOLAR LIKES US!

Dr. Martha Mackay found our students to be “intelligent, curious and excellent critical-thinkers.” A Visiting Scholar since January, she has just completed her term. Mackay, a clinical assistant professor at the University of British Columbia’s School of Nursing, taught in Bloomberg Nursing’s undergraduate cardiac clinical course.

Mackay’s research program focuses on advancing our understanding of social



and behavioural factors in heart health. She is leading a study that is examining why some individuals delay seeking medical care when they are experiencing a heart attack. In another research project, she’s searching for the optimal way to screen for depression in cardiac in-patients.

As a Visiting Clinical Scientist in the Collaborative Academic Practice Research Program at University Health Network, Mackay was struck by the similarities between the Peter Munk Cardiac Centre in Toronto and the Heart Centre at St. Paul’s Hospital in Vancouver. “We’re struggling with some of the same issues, such as funding, human resources and advances in technology that sometimes outpace our ability to define best practice,” she says. “And in both centres, I find there’s a strong desire to pitch in, improve and do what’s best for patients.”

WHY STOP LEARNING?

The Return to Learn: Alumni Roundtable Series offered alumni and friends an opportunity to attend topical, informal lectures that showcased the research of faculty members. Launched in 2009, the annual series of talks continues to attract individuals eager to learn about new developments in nursing practice, research and education.

In February, Associate Professor **Elizabeth Peter**, MScN 9T1, spoke on moral distress, highlighting the distress of nurses in response to aggressive care at end of life. In March, Associate Professor **Ann Tourangeau** discussed her research findings on the factors that influence the intentions of home care nurses to remain employed with their home care agency. Then in April, Assistant Professor **Monica Parry**, PhD 0T8, spoke on the global diabetes epidemic and suggested steps that individuals can take to prevent, delay or better manage the disease.

CONGRATULATIONS CRESSY WINNERS

At Bloomberg Nursing, the student experience extends beyond books, classes and practicums to the campus, community and world at large. U of T’s Cressy Awards recognize graduating students for their outstanding contributions to improving the world around them and inspiring others to do the same.

Undergraduate recipients (Class of 1T4)

Monika Dalmacio received a Cressy Award for the enthusiasm and hard work she brought to the role of president of the Nursing Undergraduate Society (NUS). Representing our approximate 350 undergraduates, she advocated for student interests, as well as organized student-faculty socials, orientation events and a hair-donation drive for cancer patients.

Page Dixon, as the NUS wellness representative, co-chaired the Wellness Fair Committee and Hart House Farm Retreat Committee. Encouraging her fellow students to find creative outlets to manage stress, she taught them knitting and mindfulness meditation. Dixon was an active member of the Health and Wellness Student Advisory Council.

Meagan Noble, in her first year, served as the junior ath-

letics and recreation representative, assembling intramural teams and organizing events. She was also the head co-ordinator of the Nursing Games, inviting students from other Toronto nursing programs to join a collaborative GTA team that competed in Windsor, Ontario. The GTA team won the academic challenge! And then this year, Noble helped host the Nursing Games at U of T.

Graduate recipients **Rebecca Chakraborty**

assumed the time-intensive role of Graduate Students’ Union representative, communicating with our grad students about important issues and seeking their feedback.

The master student’s volunteer commitments with the Graduate Nurses Students’ Society (GNSS) included acting as a liaison between our and other U of T grad students.

Kylene Hua took the lead in organizing events to foster interaction between graduate faculty and students as part of her role as the GNSS social director. The master’s student recruited an Orientation Committee to organize the first student-led orientation for our incoming grad students. Hua also volunteered on information nights for prospective students, generously sharing her experiences, insights and advice.

HOT OFF THE PRESS!

Sioban Nelson, our former dean, has co-authored a book that charts the development of University of Toronto's interprofessional education (IPE) initiative. "It's about the challenges that U of T faced in introducing interprofessional education across multiple health-care faculties," says Nelson. "It tries to communicate the lessons we've learned as pioneers in this space. We share what worked – and what didn't."

Creating the Health Care Team of the Future: The Toronto model for interprofessional education and practice demonstrates how the university is leading the world in IPE, says Nelson. U of T is one of only a few universities to formally support an IPE program that provides learning both in the classroom and the practice setting. And while many universities offer IPE as an add-on, U of T has embedded it in the requisite curriculum in all 11 of its health science programs.

The book takes the reader behind the scenes to meet the small group of dedicated IPE proponents who successfully overcame obstacle after obstacle to convince the university's health professional programs and teaching hospitals to consider the new model of interprofessional care.

Fittingly, the book's three authors form an interprofessional team of their own. Along with Nelson, a nurse and U of T's vice-provost, academic, there's Maria Tassone, a physiotherapist and the inaugural director of U of T's Centre for Interprofessional Education; as well as Dr. Brian Hodges, a psychiatrist and vice-president, education of University Health Network.

Nelson says the book would prove useful to anyone involved in professional development. "It's a workbook style, with lots of examples on how to develop curriculum and put it in place, as well as on how to prepare staff for interprofessional placements. It's practical!" To order *Creating the Health Care Team of the Future*, phone 607.277.2211 or visit www.cornellpress.cornell.edu



UNDERGRADS PUBLISH

When *Nursing Science Quarterly* asked Assistant Professor Kimberley Widger to review three perinatal-loss videos, she involved two students participating in the Summer Undergraduate Student Research Program with her.

Denisia Conley and Nisa Mullaithilaga, both from the Class of 1T4, quickly set to work

studying the videos by Christine Jonas-Simpson, MScN 8T9. "The students did a fantastic job with the review, and I was just the editor," says Widger. The review was then published in the January issue.

The Summer Research Program, which is being offered again this year, pairs Bloomberg undergrads with faculty members. The professors get 13 weeks of research help. The students get research experience and some, as in this case, get their first byline.

NURSES WORTH CELEBRATING

The Canadian Pain Society has recognized **Bonnie Stevens**, MScN 8T3, with its prestigious Distinguished Career Award for her longstanding efforts to improve pain management in paediatric health care settings.

"It has been an incredible journey to change the way health care professionals

assess and manage pain in infants and children," says the U of T Nursing professor.

"The process of changing behaviour is more than generating new evidence," continues Stevens, who holds the inaugural Signy Hildur Eaton Chair in Paediatric Nursing Research at the Hospital for Sick Children. "I'm now leading a research program that includes a focus on determining the most-effective strategies for translating new evidence into practice, and how context impacts child health outcomes in paediatric settings across Canada."

Also this spring, the Council of Ontario University Programs in Nursing honoured four of our nurses. PhD candidate **Craig Dale** received the Doctoral Dissertation Award. **Jennifer Stinson**, MSc 9T2, PhD 0T6, an associate professor (status), earned the Scholarship into Practice Award. Assistant Professor **Monica Parry**, PhD 0T8, received the Excellence in Teaching Award. And **Alexandra Harris**, MN 1T3, accepted the Masters Student Award of Excellence.

As if that wasn't enough, 16 Bloomberg Nursing students were selected to receive a Registered Nurses' Foundation of Ontario award. The awards help deserving undergraduate and graduate students further their education, research and community health initiatives.

Bonnie Stevens





IT'S UP TO US

By ANNE MARIE RAFFERTY

Our Distinguished Visiting Professor challenges nurses to design and deliver solutions to health system issues

IT IS HARD TO THINK OF A WORLD without nurses. We take it for granted that nursing is part of our health care system, but it hasn't always been. In thinking about the ways in which nursing contributes to health care systems, it is useful to remind ourselves why nursing came into being in the first place. Nursing grew out of the demand to provide reliable supervision of the sick in hospitals, and the growth of the profession owes much to the rise of institutional care and the emergent scientific success of medicine in the late 19th century.


I've often wondered why Florence Nightingale chose nursing as her métier when it was clear she could have done anything, given her prodigious talents, privileged background, drive and determination. The best

reason I can come up with is that she saw the potential of nursing for bringing practical benefits to patients and relieving suffering at a time when medicine had relatively little in its therapeutic armoury. Then, as now, what is wanted is intelligent observation, supervision, reliable reporting and the administration of remedies.

Recent evidence from Europe and around the world shows that good nursing care is critical to high-performing health systems. As a result of the Registered Nurse Forecasting (RN4CAST) study, an EU-funded investigation of the nurse workforce in 12 European countries, we know a lot about the contributions that nurses make to health systems in Europe. Hospital nurse staffing is a costly investment, and new research suggests that the positive impact of improved nurse staffing on better patient outcomes and lower costs is conditional on the quality of the nurse work environment. That is, employing more nurses and reducing the patient-to-nurse ratio has a significant effect on reducing mortality in hospitals with good nurse work environments, but no effect on mortality in hospitals with poor work environments.

Evidence from the U.S. demonstrates that higher levels of baccalaureate-prepared nurses are associated with higher levels of patient safety. In an upcoming paper in *The Lancet*, my colleagues and I demonstrate that this relationship holds across Europe and adds further benefit when combined with better staffing. This argument echoes evidence from development studies that found that educating women to an advanced level has positive spinoffs not only for the health of the family but for the health literacy of the community and, by extension, the nation. Lifting nursing into the realm of higher education is in itself a public health intervention that brings benefits beyond the province of patients and the health care sector.

But there are warning signs that inadequate numbers of nurses can impair care, highlighting deficits in our health system. In our study, a significant share of nurses in hospitals across Europe reported that not all of their patients had all of their care needs met because of the nurses' demanding workload. This is all the more reason for smart nurses to design as well as deliver smart solutions to health systems.

A canny use of scarce nursing resources would be to improve nurse work environments. This would require managerial attention to clear the obstacles that keep nurses from spending time with patients. Promoting nurse involvement in clinical care decisions and fostering good collaboration between doctors and nurses is also a relatively low-cost lever to improve care. In addition, these initiatives would help retain a qualified nurse workforce and improve patient satisfaction with care. Smart health systems need smart nurses to craft smart nursing solutions. And I'm sure that the smartest nurse of all, Florence Nightingale, would surely have approved. 

A former dean of the Florence Nightingale School of Nursing and Midwifery at King's College in London, England, Anne Marie Rafferty was a member of the Prime Minister of the United Kingdom's Commission on the Future of Nursing and Midwifery. As the 2013-2014 Frances Bloomberg International Distinguished Visiting Professor, Rafferty is examining what, if any, issues the U.K. and Canadian health care systems have in common.



Q&A

A CONVERSATION WITH JUDITH SHAMIAN

The president of the International Council of Nurses has been to 12 countries on four continents in the past 10 weeks. Here's what she learned.

Pulse: What do you do on your travels?

Shamian: I meet with nursing, government and other stakeholder groups to discuss the role of nursing in global health. Often, I go to a country and turn on the lights. I put ideas on the table and see where there are opportunities to build linkages to advance nursing and health.

Pulse: What practice barriers have you encountered?

Shamian: I've found two main barriers. I have come to appreciate and be concerned that many countries – including some in Europe – do not have a nursing regulatory framework. And without this framework, you don't have public or professional protection. There is no scope of practice, so people will push nurses to do things that are outside their realm of knowledge, competence and expertise. The employer dictates what a nurse does, whether the nurse is able to or not.

The other major practice barrier is the lack of political and policy engagement of nurses at senior decision-making tables at the country, regional and global levels.

Pulse: So who are making decisions about nursing?

Shamian: Politicians, senior civil-servants and physicians. While doctors are involved in setting policies, it is important to note that many of those in politics and high positions have pursued other education, whether it's in economics, epidemiology or public health.

Without nurses at the decision table and regulation, nursing is at terrible risk. The new language that some of the organizations, including WHO, are starting to use is "mid-level workers." And they throw nursing into this category. It doesn't feel right. It doesn't feel good.

Not recognizing nursing as a profession is a beginning trend, and I don't see many of us acting on it. Over the last 30 or 40 years, we've spent a lot of time building up nursing as a profession through master's programs, PhD programs, research and chairs. We have been busy inside



the bubble, and we took our eyes off of what's going on externally.

Unless we take stock of the current reality and change it by having a large number of nurses enter and hold political and senior decision-making positions, I will go as far as to say that nursing will not be a recognized profession in 50 to 100 years.

Pulse: What should nurses do?

Shamian: Well in Indonesia, some of the nurse leaders who had been trying for decades to get proper regulations said, "OK, we need to get into politics." This is part of my consistent message to nurses: We have to go into politics. We have to be in government positions and in global organizations such as WHO, various UN agencies and the World Bank. But nurses are not comfortable running for these positions.

Far too often, nurses are exhausted and definitely don't have the energy to go and fight political fights because they can barely pull themselves together to look after their family and get some rest before the next shift. Nurses are the most trusted professionals, but you can't take trust to the bank. It doesn't turn into power or seats around the decision-making tables.

Pulse: Is there a common denominator for all nurses worldwide?

Shamian: The common denominator is that all nurses care for people and want to do good. I think that's consistent. Nurses are driven to try to make a difference in the health of individuals and communities. They give and give and give.

In some low-income countries, nurses work for months without being paid, or maybe a family will give them a chicken. Nurses are unbelievable individuals. They take your breath away. *~*

Judith Shamian served as the president of CNA and, most recently, as president and CEO of the Victorian Order of Nurses. From 1999 to 2004, she was the executive director of Health Canada's Office of Nursing Policy.

MAY
21

COURSE: OSCE SIMULATIONS FOR NPs

Learn how to prepare for objective standardized comprehensive evaluation (OSCE) practice assessments. This one-day Centre for Professional Development course builds your knowledge in taking OSCE and other evaluations.

TO LEARN MORE AND REGISTER:

www.bloombergnursing.utoronto.ca/pd

MAY
31

SPRING REUNION

When you enrolled in nursing at the University of Toronto, you became a lifetime member of the U of T community. Spring Reunion offers a wonderful opportunity to rejoin this circle of friends.

Everyone is invited, and you'll be an honoured guest if you graduated in a year ending in 4 or 9; for example, 1964 or 1999.

All of the nursing events take place at Bloomberg Nursing, 155 College St.

- 9 a.m.** Enjoy a complimentary buffet breakfast and have a class photo taken with your schoolmates.
- 10:30** Applaud our distinguished alumni during the Awards Presentation.
- 11:30** Tour the Nursing Simulation Lab and meet our computerized medical mannequins.

In conjunction with Spring Reunion, some classes are planning special events and creating class awards. To ensure your classmates can get in touch with you, send your contact information to addressupdate@utoronto.ca

To RSVP: Contact the Alumni Relations Office at alumni.nursing@utoronto.ca or 416.946.8165. Due to the high number of responses, we are unable to confirm your RSVP - but we'll be expecting you!



JUNE
2

ELLEN HODNETT'S RETIREMENT PARTY

Come celebrate the many achievements of Professor Ellen Hodnett, MScN 8TO, PhD 8T3. Dr. Hodnett has made immense research contributions to perinatal nursing, served as a faculty member for 39 years and was the driving force behind the development of our Randomized Controlled Trials Group. The event will be at U of T's Massey College from 4:30 to 6:30 p.m.

To RSVP: Email alumni.nursing@utoronto.ca or phone 416.946.8165

MAY
29/30

COURSE: POLICY AND POLITICS

This dynamic, interactive workshop highlights ways health care professionals can successfully navigate the intersection of policy and politics. The two-day workshop demystifies political situations and processes, and suggests strategies to effectively shape health policy.

TO LEARN MORE AND REGISTER:

www.bloombergnursing.utoronto.ca/pd

HEAD BACK TO SCHOOL THIS FALL

Bloomberg Nursing's Centre for Professional Development is offering the following courses this autumn. As dates become available, they'll be posted at

www.bloombergnursing.utoronto.ca/pd

PREPARING TO WRITE THE NCLEX

The National Council Licensure Examination (NCLEX) is coming to Canada. In this two-day preparation course, you review the exam structure and learn approaches to answering the various types of exam questions.

PREPARING TO WRITE THE CRNE

In this intensive two-day Canadian Registered Nurse Exam (CRNE) preparation course, you review the exam structure and study approaches to answering multiple-choice questions. You also develop strategies for learning the required information on medications, laboratory results and diagnostic tests. The second day includes a four-hour mock CRNE, which is graded to help you identify areas requiring additional study. This course will be offered in Toronto and Edmonton.

PREPARING TO WRITE THE NP-ADULT EXAM

This two-day course prepares you for the American Nurses Credentialing Center (ANCC) exam to qualify as an NP-Adult in Ontario. NPs who have successfully written the exam provide preparation approaches, and cover key areas of the exam, including clinical management, health assessment, professional roles and the foundations of advanced clinical practice.

PREPARING TO WRITE THE NP-PAEDIATRIC EXAM

This two-day course helps prepare you for the American Nurses Credentialing Center (ANCC) exam to qualify as an

LIKE Grandmother LIKE Granddaughter



The nursing gene sometimes skips a generation, as it did with Helen McRorie and her granddaughter Gillian McRae, both U of T Nursing alumni. Below are some of the nursing memories that McRorie, 99, shared with her daughter-in-law Val McRae, daughter Janet McRae Webber and, of course, granddaughter Gill.

Grandmother: Helen McRorie, Certif. in Public Health Nursing 3T7, started out as a VON nurse in Toronto's Kensington Market area. When in a patient's home, she was told to place her coat on a wood chair – never the bed or sofa – to avoid picking up bedbugs.

Later, she moved north to Coe Hill, Whitney and St. Joseph's Island to serve in Red Cross outposts. To visit patients outside these remote Ontario communities, McRorie was required to buy a car, which the Red Cross subsidized. The back roads were rudimentary, and the car often got stuck in mud or snow. If the snow was especially deep, she'd go see her patients in a horse-drawn sleigh. On one bitter winter's night, a patient's family seemed to have disappeared, leaving McRorie to chop wood and feed the stove so she and the patient wouldn't freeze.



Gillian McRae (right) at her grandmother Helen McRorie's 98th birthday party in 2012

McRorie was asked to deliver dozens of babies because, as she explains, "a nurse was cheaper than a doctor." A Red Cross nurse charged \$5, a doctor \$15.

She says the best thing about nursing was being able to improve the lives of patients. "It was a challenging job," recalls McRorie. "You never knew what you were going to be doing next."

Granddaughter: Gillian McRae, BScN 1T3, often discusses nursing with her grandmother. "Attending U of T Nursing has created a special bond

between Granny and me," says McRae, adding that she's amazed by how drastically nursing roles and responsibilities have changed over time and with the introduction of new technologies.

McRae is following in her grandmother's footsteps by helping bring new babies into the world. While focusing on gaining clinical experience in the labour and delivery field, her interests range from helping individuals optimize their personal health, to tackling broader concerns with the health care system.

Recently, McRae has been thinking about exploring the unique nursing opportunities in Canada's northern and rural communities. "Perhaps this interest stems from Granny's experiences on Red Cross outposts," she says. *~*

NP-Paediatric in Ontario. NPs who have successfully written the examination instruct in preparation approaches, and cover key exam areas, including clinical management and assessment, and the foundations of paediatric NP practice.

PREPARING TO WRITE THE NP-PRIMARY HEALTH CARE EXAM

Learn how to successfully write the Canadian Nurse Practitioner Examination (CNPE) to register as an NP-Primary Health Care in Ontario. Experienced NPs lead the two-day course, which covers the key CNPE areas, such as health promotion, health assessment and diagnosis, and therapeutic management.

ADVANCED PAIN ASSESSMENT AND MANAGEMENT ACROSS THE LIFESPAN

This highly specialized two-day institute discusses specific pain assessment and management practices that nurses can apply in a variety of settings and with diverse populations.

END-OF-LIFE CARE IN CRITICAL CARE NURSING

This one-day simulation course focuses on developing expertise in communicating with families. It offers strategies for facilitating discussions with family members, including how to mitigate conflict.

THE FOUNDATIONS AND SCHOLARSHIP OF CLINICAL TEACHING

The complexity of the clinical environments in which nursing education takes place creates unique challenges. This two-day course focuses on the theoretical underpinnings of clinical teaching and learning. It's suitable for nurses who are aspiring, novice or experienced clinical teachers of undergraduate nursing students.

TO LEARN MORE AND REGISTER:
www.bloomberg.nursing.utoronto.ca/pd

Spotlight on Learning

Our master of nursing administration program is re-launching with a new format – and new name

LEADERSHIP MATERIAL

THE NEED FOR OUTSTANDING leaders to guide the nursing profession and health care system has never been greater,” says Margaret Blastorah, the director of Bloomberg Nursing’s graduate programs. “The system is facing ongoing challenges, but has increased costs and diminished resources.”

To ensure U of T Nursing is developing strong leaders, the Faculty conducted a review of its Master of Nursing – Administration program. By collecting feedback from current and past students, clinical site partners and external experts, it identified several opportunities for improvement.

This fall, the two-year master’s program – renamed Health Systems Leadership and Administration – will offer new content in a new way. The program objective, though, remains the same. It will continue to offer graduate students the chance to prepare to be a nurse manager, health care executive, policy analyst or to assume another advanced practice leadership role.

Stepping forward

“TO DEVELOP AN EXEMPLARY ONLINE program, we’re building on the successful hybrid model in our master’s NP program,” explains Assistant Professor Blastorah. “This model consistently receives glowing reviews from students.”

Currently, the nursing administration courses are taught in a traditional classroom setting. In the new model, students will take inter-

active online courses as a cohort. Then, they’ll come together for two on-campus periods. In both of these one-week residencies, faculty and key nurse leaders and managers will coach the students.

The virtual curriculum will include two new courses: Health Care Administration and Leadership, and Advanced Topics in Administrative Leadership. They will cover a range of essential topics, including management and interpersonal processes. As well, students will develop expertise in program planning and evaluation, health care policy, as well as integrated approaches to research appraisal and utilization. Alumni of the program recommended a stronger emphasis on health care economics, and faculty responded

by expanding the financial management and economics components in the new field-of-study courses.

Students without borders

THE NEW STRATEGY MAKES THE PROGRAM accessible to a wider pool of nurses, enabling U of T Nursing to recruit the brightest students from around the globe. “We anticipate that the majority of students will be in Canada, but there have already been inquiries from Europe and the Middle East,” says Blastorah, BScN 7T7, PhD 0T9. “International students will make this a wonderful, rich learning experience.”

The practicums can be completed in the student’s local community. While the current model offers a placement in the second year, the new strategy integrates practicums in both years. “The students will go far beyond shadowing a program director or nurse executive,” explains Dr. Blastorah. “They’re expected to take on the role by developing, for example, a resource or funding proposal as part of the practicum.

“Nurses can address a broad spectrum of needs – from health promotion to acute care,” she continues. “We need strong nurse leaders to ensure these contributions are fully leveraged.”

To learn more, email m.blastorah@utoronto.ca

Assistant Professor Margaret Blastorah looks forward to welcoming students to the Health Systems Leadership and Administration program



PHOTO: FRANCES JURJANSZ

Time Travel

THE Musical Nurse

COULD YOU SUMMARIZE YOUR LIFE IN 100 PAGES? IT would be a daunting task for anyone, but especially for Floris King, BScN 5T5, who was not only a pioneer of graduate nursing programs but a concert pianist.

As King details in her recently released 100-page autobiography, *Scholarly Pursuit of Nursing Science*, she left the stage in 1948 to enrol in nursing at Toronto East General and Orthopaedic Hospital. But the Saskatchewan native never gave up music. Before long, King had formed a student nurse choir. During a SickKids placement, she sung the children to sleep. And while in U of T Nursing's three-year public health program, she composed a nursing school hymn, which she dedicated to one of our early leaders, Florence Emory.

In 1968, after completing her doctorate in the U.S., King started the University of British Columbia's first master's in nursing program. Nursing research was new in Canada, and King soon slammed into a roadblock. "The Department of Statistics refused having the nurses, as they thought they could not learn statistics!" writes King. From studying piano, King knew hard work paid off. So she rolled up her sleeves and taught the required course herself, and then presented the statistics director with the students' notes and test results. "The Department of Statistics opened their doors to nursing students the next year," she reports.

In 1971, King launched the first National Conference on Research in Nursing Practice. With only a handful of nursing graduate programs – U of T Nursing introduced its master's program in 1970 – the conference managed to attract 300 delegates, furthering nursing research and doctoral studies coast to coast.

Later, King initiated a nursing doctoral program at the University of Minnesota. After applying for her green card to work in the U.S., the FBI summoned her to their office. "You have no fingerprints," bellowed an FBI agent.

"Really?" asked King. "Perhaps that's because I have been playing the piano since I was three-years-old."

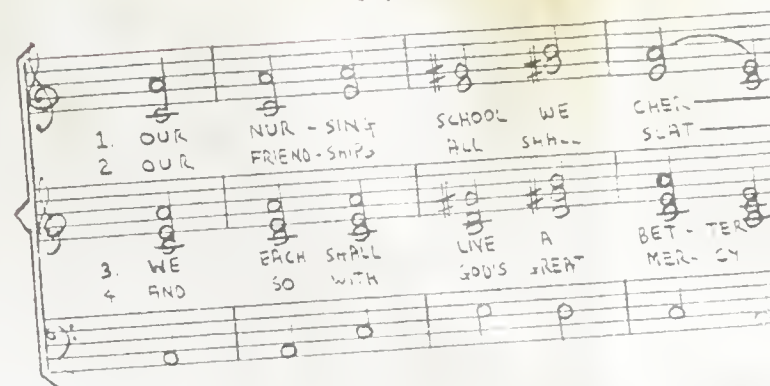
"Oh – that's it!" boomed the agent, motioning her out.

To learn more about King's career, order *Scholarly Pursuit* at www.beaverspondbooks.com.



OUR HYMN

DEDICATED TO FLORENCE H.M. EMORY



You are Canada's Num-
ber One Nurse today ~
And your colleagues are
rightfully proud
of your record of worth-
accomplishments
that single you out from
the crowd.

Thus we offer our
congratulations ~
But there's more ~
so much more ~
we would say;
You're our King of
Research ~
but our
Queen of Heart-
And our hearts are all
with you today!

You're our School's fore-
most academician
and our leader (where
leadership counts!)
You have dignity, poise,
integrity and
compassion in generous
amounts!

From your many
friends on UBC's
nursing faculty

Lead practice change. Be^{an} innovator.

The Centre for Professional Development is U of T Nursing's hub for innovative and advanced learning opportunities. Delivered by exemplary professionals and professors, the Centre's programs feature the same rigorous standards – and the same outstanding results – as our academic programs.


Upcoming Courses

OSCE Simulations for Nurse Practitioners
May 21

Advances in the Care of the Bariatric Patient
May 27/28

**Policy and Politics:
Shaping Health Policy at the Intersection**
May 29/30

For information on upcoming programs,
refer to Events on page 26 or visit
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